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CONFIRMATION NO. 1494

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/936,840	<b>FILING OR 371(c) DATE</b> 01/07/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 1890-0018
<b>APPLICANTS</b> Damien Rosney, Tullamore, IRELAND; Christy Cummins, Tullamore, IRELAND; Donal Bermingham, Tullamore, IRELAND;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IE00/00034 03/20/2000 <i>&gt; yes (u)</i>				
<b>** FOREIGN APPLICATIONS *****</b> IRELAND S990218 03/18/1999				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 12
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>vn</i>		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 22204				
<b>TITLE</b> Surgical access device				
<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	